For Office Use	Only
Customer ID#	BL ID#



2018 BUSINESS LICENSE APPLICATION

Important Information for Business Owners

- The City of Bainbridge Island Municipal Code requires all businesses to have a current business license.
- All businesses must comply with the City Municipal Code and must have Department of Planning & Community Development approval prior to opening.
- If a business has more than one location in the City, a separate license is required for each location, and the license must be displayed at each location.

Business Name:		
DBA (if any):		
Business Phone:		Business Web Address:
Business Physical Address:		
City/State:		Zip Code:
Business Mailing Address (if different from physical address):		
City/State:		Zip Code:
Owner Name(s):	Phone:	Email:
Is this a Mobile Retail Food Establishment (i.e., food truck)?	Yes 🗌 No 🗌 If	yes, you MUST provide the additional requirements listed on page 2 of this application.
Is this a cannabis growing, processing, and/or retail establishmen	nt? Yes \square No \square If	yes, see requirements of $\underline{\text{Chapter 314-55 WAC}}$ AND $\underline{\text{18.09 BIMC}}$ for marijuana businesses.
Washington State UBI# (Must be provided before application can be	processed):	EIN:
(Go to www.bls.dor.wa.gov for information on obtaining a UBI# via a WA State Busi	ness License application.)	
EMERGENCY CONTACTS (Must be provided before application	n can be processed.)	
Name:	Phone:	Email:
Name:	Phone:	Email:
PRODUCT OR SERVICE INFORMATION		
Type of Ownership: Sole Ownership P	artnership 🗌 Corpo	ration 🗆 LLC
Type of Business: Retail Wholesale	☐ Service	☐ Manufacturing ☐ Other:
Description of Product or Service:		G
IF YOUR BUSINESS IS LOCATED ON BAINBRIDGE IS	LAND	
Tax Parcel ID#:		
Will your business have a sign? Yes No	(Note: See Chapter 15.08. BIMC	Sign Code.)
		per of dedicated parking spaces:
Square footage of the area occupied by your business:	Numbe	r of Employees:
	If no, go to page 2.)	
If you operate this business out of your home, please answ		hapter 18.09 BIMC Use Regulations for more information):
a. Residential gross floor area, including accessory building		
 Square footage occupied by the business on the site, ir (Note: The business, including operations and storage, cannot occupy m building, the square footage of that building cannot be larger than the 	ore than half the residential gros	orage:s floor area, including all accessory buildings. If the business occupies an accessory
Will any structural construction occur to accommodate	_	
Will equipment, including vehicles, be stored on the pr	operty? Yes 🗌 N	lo (Note: No outdoor storage visible beyond subject property; no commercial vehicles.)
If yes, please describe:	N	
c. Will your business have a sign? Yes d. Number of people employed at the home other than re	No (Note: Signs limited	1 /
 d. Number of people employed at the home other than reference. e. Will any sales be made on the premises? Yes \(\square\$ 	No \square	tore. No more chain one (1) nonresident person shan be employed on site.)
f. How many round trips are made per day related to the		: Minor home occupation limited to five (5) round trips per day unless home-based teaching.)

ADD	TIONAL LICENSING REQUIREMENTS
A.	City business licenses are subject to all State licensing requirements. You MUST contact the Finance Department at 206-780-8668 if you operate (a) a cabaret; (b) games of skill (e.g., video games); (c) amusement games (e.g., billiard tables, pool tables, foosball tables, etc.); (d) jukeboxes; OR (e) veterinary linics and/or animal boarding facilities.
В.	f this license will apply to more than one business, you MUST attach to this application: A letter noting additional business names, descriptions, and contact details.
C.	f this application is for a mobile food establishment (i.e., a food truck), you MUST attach to this application: A signed letter from the property owner giving permission to use the property. A site plan to scale demonstrating: Existence of adequate parking on the subject site including parking for existing plus proposed uses; (Note: The mobile retail food establishment shall occupy a maximum of two parking spaces.) Mitigation of traffic impacts; and Clearance of right-of-way and/or drive aisle. Proof requirements from the Kitsap County Health District are met.
D.	Additional approvals may be required from Kitsap County or the State. It is the owner's responsibility to acquire these approvals.
LIC	NSE FEES
w go	usiness is considered EXEMPT from licensing fees if business activity at the <u>same fixed location</u> is limited to no more than one (I) day per week for four (4) consecutive cs OR four (4) consecutive days in one (I) year. Other exemptions: farmers and gardeners selling their products on their own land, garage sales, the mere delivery of ds and services, and businesses operated by persons under 18 years of age not generating more than \$2,500 per year in gross revenue. Requests for exemption must be de in writing.
	BUSINESS LICENSE FEES MUST BE PAID PRIOR TO PROCESSING.
	Fees BEFORE business commences = \$65.00
	litional late fee of 10% per month is added to businesses applying for a license AFTER business commences up to an additional \$65. Go to www.bainbridgewa.gov/966/Fees for a complete edule.
	2018 BUSINESS LICENSE EXPIRES December 31, 2018, REGARDLESS OF ISSUE DATE. The Finance Department will contact businesses to renew their license(s).
Lice	e Fee \$ + Late Fee (if any) \$ = Total Fees Due \$
SIG	ATURE REQUIRED (application not valid unless signed; electronic signature permitted)
The best	dersigned hereby certifies under penalty of perjury, under the laws of the State of Washington, that the information provided on this application is true and correct to the his/her knowledge and that this business has obtained all licenses and permits required by the State of Washington and the United States Government.
Prin	Name: Title:
Sign	ure: Date:
	City of Bainbridge Island 280 Madison Avenue North Bainbridge Island, WA 98110-1812 finance@bainbridgewa.gov Phone: 206/780-8591 Fax: 206/842-5741 Office Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.
FO	OFFICE USE ONLY
Plan Note	ng: Permit #: Zoning: Use Category: Initials: Date:
	Building: Initials: Date: Notes:
	Fire: Initials: Date:
(As	Works: Initials: Date:
Poli	Department: Legal Activity: Yes No Initials: Date:

(As determined by WA State Liquor & Cannabis Board and/or WA State Department of Licensing)